FEB 8 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43907

1. PLACE OF DEATH
County Pemiscot
Township Virginia
City ~~Steele~~ (No. , St. Ward)

Registration District No. 655
Primary Registration District No. 5877

File No.
Registered No.

2. FULL NAME Dean Lambert

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-34

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steele Mo

FATHER
13. NAME P. Phillip Lambert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blytheville Ark

MOTHER
15. MAIDEN NAME Edna Burgess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallsted Mo

17. INFORMANT (ADDRESS) P. Phillip Lambert Steele Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia DATE 12-7-34

19. UNDERTAKER German Funeral Co
(ADDRESS) Steele Mo.

20. FILED 1/1, 1935 Mary P. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1-, 1934, to Dec-6, 1934

I last saw him alive on Dec-6, 1934. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	
(b)	

Other contributory causes of importance:

(a) Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. C. McLeary, M. D.
(Address) Blytheville Ark

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.